

Yes

No

State Form 4606 (R13/11405) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT?

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization)  Check if this is a new name of Committee (as on Statement of Organization)  Check if this is a new name of Committee (as on Statement of Organization)	ame	7179 007 940	resident soul contracts
Committee TO Elect DONNA CLARK, DELAW		Tunckip	TDUSTER
2. Acronym or Abbreviated Name (if any)		ttee Telephone Numb	
leaded to the amount of the second se		796-22	
Mailing Address (address where all campaign finance correspondence is received)	7307-11-11	s a new address	(3) SS(C A) 1 (15) (4) (4) (4)
8655 E 146 ST			
5. City, State, ZIP Code	6. Party A	ffiliation (if applicable)	
FISh 6025 IN 46038	Re	Fublican	1
CANDIDATE INFORMATION (For Candidate's Co	ommittee	s Only)	
7. Full Name of Candidate (include any nickname)	8. Party A	Affiliation or If Independ	dent Candidate
PONNA CLARK	RE	Publican	auguste te balance
Office Sought (Include district number, if any, Not required for exploratory committee.)		ty of Residence	
DELAWARE TOWNShip TRUSTEE	4/4	milTON	Comaton subretted of A pr
TYPE OF REPORT		CONVENT	TON CANDIDATES ONLY
11. Check one:		Check one	
Pre-Primary Pre-Election Annual Nomination Other			onvention
Final/Disbands Committee (lines 18, 19, and 20 must be 10") Utgoing Treasurer (within 10 days arrend Statement of	Organization	☐ Post-C	Convention
12. Reporting Period:	less torre	COLUMN A	COLUMN B
From: 14/1/06 Through: 4/7/06		This Period	Year to Date
<ol> <li>Cash on hand and investments at the beginning of this reporting period.</li> </ol>	2011/100/1	0	TO SERVICE STATE
14. Cash on hand and investments January 1, current year.	1000		9
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	-		
15a. Itemized (use Schedule A)	The party	# 30 00	\$30.00
15b. Unitemized		#30.00	4 30.00
15c. Add lines 15a and 15b in both columns SUBTO	OTAL	# 30.00	#30-00
	OTAL	430,00	\$30.00
EXPENDITURES	THE T	430,00	130.40
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	partie don't	# 30.00	# 30.00
17b. Unitemized		1 20100	- W. 60
17c. Add lines 17a and 17b in both columns SUB1	TOTAL	# 30,00	\$30.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$ 30.00	≠ 30.00
19. Debts OWED BY the committee (use Schedule D)			2
20. Debts OWED TO the committee (use Schedule E)	TOTAL CO.	8	
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. DONNA CLARK 8655 E. 146 ST	Contributions:  Direct In-Kind (describe)	#30.00	#30.00	3/31/06
FishERS, IN 46038	Other Receipts: Interest Loan Misc. (specify)	ge and of empo	hotudishoo s ga	Berra centra Ta
Contributor's Occupation (if required)	Pages Call Tongston St. Pages	efisione successions	Assumption and	ALCOHOLD THE THE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY

#### POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, regardless of amount from this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing his schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 cer recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and A	COLUMN A	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)		AMOUNT THIS PERIOD		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Type of Question: Statewide Position: Supported Oppor	Local				ATE AND WARDS
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT DA	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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